Express Mail Label No. (if applicable)							
Application No	10/579,007						

## Request for Continued Examination (RCE) Transmittal

Address to: Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application No.	10/579,007
Confirmation No.	2230
Filing Date	Panicali et al.
First Named Inventor	October 19, 2006
Group Art Unit	1633
Examiner Name	Anna Marie Sabrina Wehbe
Attorney Docket No.	701278
Client Reference No.	E-088-2005/0-US-03

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1.	Su	bmi	ssion require			114					
	a.		☐ Previously submitted								
		i.						1.116 previou	usly filed (	on	
					endment(s) refe						
ł		ii.		r the arg	guments in th	ne Appeal t	3riet or K	eply Brief prev	viously file	ed on	
		iii.	Other:								
ł	b.	$\boxtimes$	Enclosed								
		i.						☐ Form PT			
		ii.		s)/Decla	aration(s)		٧.			ces listed in For	m PTO-1449
			<del></del>			. ((DO)			U.S. patent	s and applications)	
	iii. 🛛 Information Disclosure Statement (IDS) vi. 🗌 Other:										
2.		scell	aneous								
	a.		•					•		37 CFR 1.103(	c) for a period
		_			•			onths; fee under	37 CFR 1.1	7(i) required.)	
	b.	<u> </u>									
<u> </u>	C.		Other:			2					
3.	3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.										
ĺ	a.	$\boxtimes$									
		i.							\$930.00		
		ii.	<ul> <li>☐ Three-month extension of time fee of \$1,270.00 (37 CFR 1.136 and 1.17)</li> <li>\$1,270.00</li> </ul>								
		iii.							· •		
		deducted from the total fee due for the total amount of extension now requested.									
	iv.   Petition for an extension of time (including the period noted above, if checked), as										
		•••						nder the prese			
								the appropria			
		٧.		-	ction fee of				<sub> </sub>		\$ 0.00
		vi.	Other:	1011 01 5	011011100 0. 4	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	''('))			* *
		vii.	Claim fe	^							
		V 11 .	CLAIMS	<del>5</del>	HIGHEST		I				
			REMAINING		NUMBER	Extra		App'l		Add'L	
			AFTER		PREVIOUSLY	CLAIMS		CLAIM		CLAIM	
CLA	лм Е	EE	AMENDMENT		Paid For	PRESENT	RATE	FEE	RATE	FEE	
Тот			19	Minus	43	=	x 30 =		x 60 =	0.00	
		NDEN	г 1	Minus	8	=	x 125 =		x 250 =	0.00	****
FIRST PRESENTATION OF MULTIPLE CLAIM + 225 = + 450 = 0.00											
Total amount to be charged to Deposit Account						\$2200.00					
	b.   The Commissioner is hereby authorized to charge any deficiencies in the above fees or to										
credit any overpayments to Deposit Account No. 12-1216.											

## REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED						
Name (Print/Type)	Rachel J. Mejdrich	Registration No. (Attorney/Agent)	53,477			
Signature	Rachel Megdel	Date	January 17, 2012			
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